DEPARTMENT OF ENGLISH

GRADUATE TRAVEL AUTHORIZATION FORM

**DEADLINE: NO LATER THAN 30 DAYS PRIOR TO TRAVEL.**

The department funds one annual $300 stipend per student. Funds will be reimbursed after travel.

Name\*:

Presentation Title\*:

Interviewing Institution or Conference\*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location\*:

\*This information will be displayed on the department’s website.

Departure Date: Return Date:

Contact Person & Number (in case of emergency):

Who will cover your department responsibilities in your absence?:

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quote of airfare:

University purchased airfare:

Date:

Authorization#:

CAS request: $\_\_\_\_\_\_\_\_\_

Robberson request: $\_\_\_\_\_\_

Copy to Jack: \_\_\_\_\_\_\_\_\_\_

NOTES:

**Itemized estimate of cost to travel:**

Airfare: \_\_\_\_\_\_\_\_\_\_\_\_

Public Transportation: \_\_\_\_\_\_

Per Diem\*\* (rate \_\_\_\_ x days \_\_\_\_ ): \_\_\_\_\_\_\_\_\_\_\_

Lodging: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration: \_\_\_\_\_\_\_\_

Mileage (0.555 x \_\_\_\_ miles): \_\_\_\_\_\_

Car Tag (REQUIRED for mileage reimbursement):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Transportation: \_\_\_\_\_\_\_

Parking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

Total estimated cost: \_\_\_\_\_\_\_\_

\*\*Per diem reference: http://www.gsa.gov